Exhibit C

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IN RE: PELVIC MESH/GYNECARE LITIGATION	:SUPERIOR COURT OF :NEW JERSEY :LAW DIVISION - :ATLANTIC COUNTY : :MASTER CASE 6341-10 : :CASE NO. 291 CT

CONFIDENTIAL-SUBJECT TO STIPULATION AND ORDER OF CONFIDENTIALITY

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March 14, 2012

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Transcript of the continued deposition of DAVID B. ROBINSON, MD, called for Videotaped Examination in the above-captioned matter, said deposition taken pursuant to Superior Court Rules of Practice and Procedure by and before Ann Marie Mitchell, a Federally Approved Certified Realtime Reporter, Registered Diplomate Reporter, Certified Court Reporter, and Notary Public for the State of New Jersey, at the offices of Riker Danzig Scherer Hyland & Perretti LLP, Headquarters Plaza, One Speedwell Avenue, Morristown, New Jersey, commencing at 9:35 a.m.

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director in Ethicon, you did not expect physicians to rely upon the IFU for the Prolift® as an accurate disclosure of the risks associated with the Prolift® system?

MR. GAGE: Objection.

THE WITNESS: No. I think what I said is I didn't -- they shouldn't depend on it as the sole source of their information regarding the Prolift® system.

BY MR. SLATER:

Q. My question is this: Did you expect surgeons who were considering using the Prolift® to rely upon the Prolift® IFU to accurately disclose the risks associated with the use of the Prolift® system?

MR. GAGE: Objection.

THE WITNESS: We should accurately represent what we knew to be risks at the time, yes.

BY MR. SLATER:

Q. You knew that was required by federal law. Right?

MR. GAGE: Objection.

BY MR. SLATER:

Q. By the FDA. Right?

MR. GAGE: Objection.

THE WITNESS: Actually, I don't know whether the FDA -- that is a regulatory decision.

BY MR. SLATER:

Q. And you felt that was your obligation to physicians so they would know what the potential adverse reactions were if they used that product. Right?

MR. GAGE: Objection.

THE WITNESS: To the best of our knowledge at the time, yes.

BY MR. SLATER:

Q. And if Ethicon had knowledge of an adverse reaction and did not include it in the Prolift® IFU, then the IFU would be deficient to that extent. Right?

MR. GAGE: Objection.

THE WITNESS: No, that's not true.

BY MR. SLATER:

Q. Okay.

A. Because --

Q. So let me understand this.

MR. GAGE: The witness would like to finish his answer.

MR. SLATER: He just said no. That's all I was asking.

Q. Well, I'm asking you, based on your participation in the process at Ethicon, would that be incorrect?

MR. GAGE: Objection.

THE WITNESS: I don't remember ever being asked to give the -- a final decision about adverse events being put in an IFU.

BY MR. SLATER:

Q. Let me understand this. Ethicon understood it was expected to put all of the adverse events into the IFU. However, if Ethicon failed to list -- I'm going to ask the question differently.

If Ethicon determined an adverse reaction to be material, meaning it doesn't just happen, you know, so infrequently that you don't have to consider it but it happens enough that you can actually put a percentage on it --

A. Well --

MR. GAGE: Let him finish his question.

BY MR. SLATER:

Q. Let me ask you this.

How would you define a complication to be material enough that it would need to be listed in the IFU? How did you define that as

medical director?

A. Well, it would either need to have a frequency or a severity that had some implication for a risk/benefit ratio.

Q. Okay.

If a complication met that standard, it needed to be called out in the IFU. Right?

A. Yes.

Q. And if it was not -- rephrase.

And if a complication that met that standard was not included in the IFU, the IFU would be deficient by definition. Correct?

MR. GAGE: Objection.

THE WITNESS: I think it has to be based on the information you have at the time the IFU is created, so it will always evolve.

BY MR. SLATER:

Q. The information Ethicon had about the complications and risks from the Prolift® evolved over the years. Right?

A. Yes.

Q. That evolution was actually fairly significant as more and more procedures were done and Ethicon saw more clinical studies. Right?

MR. GAGE: Objection.